



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
EDUCATOR RECRUITMENT AND RETENTION  
TRANSITION TO TEACHING PROJECT (TTP)  
PARTICIPANT APPLICATION

SCHOOL DISTRICT NAME:

COUNTY-DISTRICT CODE:

SCHOOL BUILDING NAME:

SCHOOL CODE:

**DIRECTIONS:**

Mail the completed form to: Educator Recruitment and Retention, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102

QUESTIONS: Contact Janet Goeller, Director Educator Recruitment and Retention, 573-751-1191, jgoeller@mail.dese.state.mo.us

**SECTION I: APPLICANT INFORMATION**

I QUALIFY AS A (PLEASE CHECK ALL THAT APPLY)

☐ DISPLACED WORKER ☐ TROOPS TO TEACHERS ☐ CAREER CHANGER

SOCIAL SECURITY NUMBER (see disclosure notice on the back of this form)

NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

PHONE NUMBERS

H ( ) W ( )

COLLEGE/UNIVERSITY	STATE	GPA	DATES ATTENDED		DEGREE	MAJOR/MINOR
			FROM MO/YR	TO MO/YR		

**MOST RECENT PRIOR EMPLOYMENT**

EMPLOYER NAME

YRS  
EMPLOYED

POSITION HELD

I choose to attend this date \_\_\_\_\_ at this location \_\_\_\_\_.

APPLICANT'S SIGNATURE

DATE

**SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT**

List subject(s) and grade level(s) of applicant's teaching assignment(s).

SUBJECT	GRADE	SUBJECT	GRADE

I hereby affirm that \_\_\_\_\_ is employed by this school district and will be using the Temporary Authorization Certificate for the \_\_\_\_\_ - \_\_\_\_\_ school year. His/her beginning teaching date is/was \_\_\_\_\_.

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME OF SCHOOL OFFICIAL

TITLE

